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July 10, 2002

Letter of Appeal Federal Communications Commission Office of the Secretary 445 - 12th Street, SW Washington, DC 20554 RECEIVED & INSPECTED

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Re: CC Docket Nos. 96-45 and 97-21

Block 5 Funding Request Rejection Applicant Form Identifier: Y5-124857 – 1 Form 471 Application Number: 328826 Funding Year 5: 07/01/2002 - 6/30/2003 Billed Entity: Kenmore-Tonawanda USFD

Contact Name: Susan C. Melancon 355 Harlem Road West Seneca, NY 14224

> 716 821 7455 716 821 7394 Fax

smelancon@erie1.wnyric.org

Block 5 Funding Request:

Category of Service (Block 5, Item 11): Telecommunications Service Service Provider Identification Number: 143000196
Service Provider Name: SW Bell Mobile Systems Inc.
Funding Commitment Request (Item 23, Column K): \$0.00
Reason for Denial: Funding request did not meet minimum processing standards. Block 5, Page 2 of 7, Items 23, Columns E, H, I and K are all blank, all contain zero, or all contain a combination of blank and/or 0.

FRN: Not Assigned

Dear Sirs:

The above-mentioned Funding Request has been appealed and denied by the SLD effective June 24, 2002, therefore we are submitting this Appeal to the FCC in the hope that that the FCC will view our request with more favorable discernment.

On the SW Bell Mobile Systems Inc. funding request, Columns E, I, and K were all blank due to a computer misprint. Even though we physically examine each application before submission, we failed to see these inadvertent omissions during the visual examination. This misprint is a mystery to us, since we process over 2000 Block 5s yearly for the school districts in Western NY, and a misprint of this nature has never occurred before. However, because Columns A, D, H, and J were **not** blank, and there was an attachment specified in Item 21 that substantiates the amount in Column A and B, we feel there was enough information on the Block 5 to process our request, therefore we are submitting this appeal to the FCC for reconsideration.

We offer the following information to substantiate our request:

- 1. Completing Column B requires merely the ministerial act of repeating a fact readily available and easily discernable elsewhere in the application. By examining Attachment 2, a one-page document that indicates only administrators of instructional staff used the cell phones in this recurring charge, the SLD can deduce that there are no ineligible amounts to be included in Column B. Column B should contain a zero (0.)
- 2. Once Column B is entered, Columns E, I, and K can be completed with a minor amount of computation.
- 3. Kenmore-Tonawanda provided sufficiently complete answers to the remainder of its Form 471 to permit the ready discernment of the response we should have provided to Item 23 in Block 5, 2 of 7. Except for the inadvertent omission of a response to Columns B, Kenmore-Tonawanda's Form 471 reflects the diligence and good faith you expect from your applicants.

Conclusion

We realize that with all the information and applications you must process that you have to conform to specific procedures in order to expedite your work load, but at the same time, if you are going to fulfill the purpose of the E-Rate program, your processing standards must make allowances for occasional errors. It must have been obvious to the reviewer of this application that this request was legitimate because there was a partially filled-in Block 5 Form and a coordinating Attachment. This SW Bell Mobile Systems Inc. request should be processed (1) because of the ease of discerning the missing information and (2) because the goals and purpose of the SLD have always been to assist the applicant who legitimately qualifies in spite of unintentional errors. A denial of this request would not conform to the goals and purpose of the E-Rate program.

We understand that this approval only allows the Block 5 to be processed, and that our application must be further reviewed for a funding decision.

We are including a corrected Block 5, Page 2 of 7, with our appeal.

Very Truly Yours,

Susan C. Melancon

Alternate Contact Person for Mat Dziuba

Attachments:

Original Block 5, page 2 of 7

Attachment 2

Corrected Block 5, page 2 of 7

Entity Number 124 Contact Person Ma		. <u>.</u>			Applicant's Form Identifier Y5-124857-1 Phone Number (716) 821-7112							
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly. FRN #												
11 Category	of Service (only C	NE category should be	checked)		15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) MTM							
	nternal Connections	16 Billing Account Number (e.g., billed telephone number) N/A										
12 Form 470	Application Nu	mber (15 digits) 41	903000037	7 5 95	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/07/2001							
13 SPIN - Ser		:- 9-1			18 Contract Award Date (mm/dd/yyyy)							
Identificat	ion Number (9 d	igits)			19a Service Start Date (mm/dd/yyyy) 07/01/2002							
	143000196				19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2003							
14 Service P	rovider Name ^{So}	outhwestern Bell M	lobile Syste	ms, Inc.	20 Contract Expiration Date (mm/dd/yyyy)							
1 77	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label									and names. Label		
a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: Receiving This Service: b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A-1												
23 Calculation					l w	D	N		T 4-1 01			
	Recurring Charges A B C D E				Non-Recurring Charges F G H			Total Charges I J K				
	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non- recurring (one-	How much of the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)			
\$666.10			12		\$0.00	\$0.00	\$0.00		49%			



Kenmore-Tonawanda UF	SD	19-Dec-01						
Cingular								
Cell Phones	Year 5							
		•	Number	Rate				
Name	Title	School/Dept	Group	Emergency	Totai	Group	Emergency	Total
Karen Tavares	Principal	Edison ES	1	1	2	\$27.74	\$7.95	\$39,69
Ty Federick	Principal	Franklin ES	1	1	2	27.74	7.95	39.69
Lez Racz	Principal	Hamilton ES	0	1	1	0.00	7.95	9.95
Mark Kaiser	Principal	Holmes ES	1	1	2	27.74	7.95	39,69
Fran Paskowitz	Principal	Hoover ES	1	1	2	27.74	7.95	39.69
Bernie Moldoch	Principal	Jefferson ES	1	1	2	27.74	7.95	39,69
Linda Croglia	Principal	Lindbergh ES	1	1	2	27.74	7.95	39,69
Sandra Allen	Principal	Roosevelt ES	1	1	2	27.74	7.95	39,69
Dennis Priore	Principal Principal	Franklin MS	1	1	2	27.74	7.95	39,69
Peg Hollstein	Principal	Hoover MS	1	1	2	27.74	7.95	39.69
Florence Kern	Principal	Kenmore MS	1	1	2	27.74	7.95	39.69
Barbara Field	Principal	Kenmore East HS	Ţ Ţ	1	2	27.74	7.95	39.69
Doug Smith	Principal	Kenmore West HS	1	1	2	27.74	7.95	39,69
Maryann Lovullo	Supervisor Special Ed	Pupil Services	1	0	1	27.74	0.00	29.74
Alan Erzkus	Supervisor Special Ed	Pupil Services	1	0	1	27.74	0.00	29,74
Elsie Jepson	Asst Super Pupil Services	Pupil Services	1	1	2	27.74	7.95	39,69
Alan Getter	Asst Super Finance	Ad Bldg	1	0	1	27.74	0.00	29.74
Priscilla Schad	Asst Super Curriculum	Ad Bldg	1	0	1	27.74	0.00	29.74
Steven Achramovitch	Superintendent	Ad Bldg	1	Ō	1	27.74	0.00	29.74
Mary Ann Kermis	Asst Super-Personnel	Ad Bldg	1	0	1	27.74	0.00	29.74
Rich DeGlopper	Director-Inst Tech/Educ	Ad Bldg	1	0	1	27.74	0.00	29.74
			1	1				
			20	14	34	\$554.80	\$111.30	\$666.10
					34			\$666,10

Form 471, Block 5 Item 21
Attachment # _ _ _ _

-	Number <u>124</u> t Person <u>Ma</u>						nt's Form Identi Number <u>(716) 82</u>	fier <u>Y5-124857-1</u> 21-7112					
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly. FRN# (to be assigned by administrator)													
146 (#J. 149)	15 Contract Number (if available; use "T" if tariffed services,												
						"MTM" if month-to-month services as described in Instructions) MTM							
							. 						
12 Form 470 Application Number (15 digits) 419030000377595 17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filling)								01					
		vice Provider				18 Contract Award Date (mm/dd/yyyy)							
	Identificat	ion Number (9 d	igits)			19a Service Start Date (mm/dd/yyyy) 07/01/2002							
		143000196				19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2003							
14	Service Provider Name Southwestern Bell Mobile Systems, Inc. 20 Contract Expiration Date (mm/dd/yyyy)												
21	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label												
22	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: Receiving This Service: b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A-1												
23	Calculatio		ecurring Char	7105		Non-	Recurring C	harnes		Total Cha	ernas		
	A	В	C	D D	E	F	G	H	ı	J	K (
(total	ly \$ charges amount per in for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non- recurring (one- time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)		
	\$666.10	\$0.00	\$666.10	12	\$7,993.20	\$0.00	\$0.00	\$0.00	\$7 ,993.20	49%	\$3,916.67		